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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS"

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APPLICATION NO. FILING	G DATE]	IRST NAMED INVENT		OR	ATTORNEY DOCKET NO	. CONFIRMATION NO.	
10/551,277 09/01	09/01/2006		Charles E. Brown, III			B1075.70043US01	1604	
TITLE OF INVENTION: BRAIDED MESH CATHETER								
	ENTITY	ISSUE FEE			TION FEE	TOTAL FEE(S) DUE	DATE DUE	
	10	\$1,510.00			0.00	\$1,810.00 04/08/2010		
EXAMINER				UBCLASS				
M. F. Peffley 3739 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, list								
Address" (37 CFR 1.363). (1)				(1) the names of up to 3 registered patent 1 Wolf, Greenfield & Sacks, P.C. attorneys or agents OR, alternatively,				
Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member 2								
"Fee Address" indication (or "Fee Address" Indication a registered attorney					or agent) and the names of			
form PTO/SB/47; Rev 03-02 Use of a Customer Number	up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed								
for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
C.R. Bard, Inc. Murray Hill, New Jersey								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government								
4a. The following fee(s) are enclosed: 4b. Payment					ee(s):			
X Issue Fee A check				eck in the amount of the fee(s) is enclosed.				
X Publication Fee (No small er	X Payment by credit card. Form PTO-2038 is attached.							
Advance Order -# of Copies	X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 23/2825							
				Sit Account is		2312623		
5. Change in Entity Status (from status indicated above)								
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO is requested NOTE: The Issue Fee and Publication I interest as shown by the records of the U	ee (if required	d) will not be ac	cepted from a	(if any) or to r anyone other t	e-apply any pr han the applica	eviously paid issue fee to the appant; a registered attorney or ager	olication identified above. nt; or the assignee or other party in	
Authorized Signature	Authorized Signature Melian Beele					Date	April 7, 2010	
Typed or printed name Melissa A			A. Beede			Registration No.	54,986	